| Fill in this information to identify your case: | | | | | | |
|--|-----------------------|--|--|--|--|--|
| Debtor 1 | Richard Mark Hoagland | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania | | | | | | |
| Case number (if known) | 20-13699 | | | | | |

| Check as directed in lines 17 and 21: | | | | | | |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,614.00 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| ebtor 1 | Richard Mark Hoagland | | | Case number | er (<i>if known</i> | 20-13699 | , | |
|--|---|---|--|-------------------|----------------------|-------------------|--------------|---|
| | | | | Column A Debtor 1 | | Column B Debtor 2 | or | |
| 7. Inte | erest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| | employment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | not enter the amount if you contend that the Social Security Act. Instead, list it here: | amount received was a ber | nefit under | | | | | |
| F | or you | \$ | 0.00 | | | | | |
| F | or your spouse | \$ | 0.00 | | | | | |
| 9. Pen ben not Unit disa pay doe | nsion or retirement income. Do not include the social Security Act. Also, exception and compensation, pension, pay, are ted States Government in connection with a ability, or death of a member of the uniformer paid under chapter 61 of title 10, then incluse not exceed the amount of retired pay to we tired under any provision of title 10 other that | e any amount received that we per as stated in the next sen nouity, or allowance paid by disability, combat-related in d services. If you received a de that pay only to the exter hich you would otherwise be | itence, do the njury or any retired nt that it | \$ | 0.00 | \$ | 0.00 | |
| Do und und cord crim com Gov dea | ome from all other sources not listed about include any benefits received under the ler the Federal law relating to the national er ler the National Emergencies Act (50 U.S.C. pravirus disease 2019 (COVID-19); paymer ne, a crime against humanity, or international pensation, pension, pay, annuity, or allowaternment in connection with a disability, conthof a member of the uniformed services. If arate page and put the total below. | Social Security Act; paymer mergency declared by the P . 1601 et seq.) with respect this received as a victim of a later of domestic terrorism; or not paid by the United State abat-related injury or disabili | nts made resident to the war es ty, or | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | - ' | 0.00 | |
| | Total amounts from separate pages, if | anv | | \$ | 0.00 | | 0.00 | |
| | culate your total average monthly income h column. Then add the total for Column A to be termine How to Measure Your Dedi | to the total for Column B. | \$ | 5,614.00 | + \$ - | 0.00 | | 5,614.00 Ital average onthly income |
| | by your total average monthly income fro | | | | | | \$ | 5,614.00 |
| | culate the marital adjustment. Check one: | | | | | | — | 0,014.00 |
| | You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is filing | with you. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not fill | ing with you. | | | | | | |
| | Fill in the amount of the income listed in lir dependents, such as payment of the spou | ne 11, Column B, that was N se's tax liability or the spous | e's suppo | rt of someon | e other t | than you or you | ur depend | ents. |
| | Below, specify the basis for excluding this adjustments on a separate page. | | ncome de | oled to eac | n purpos | se. II fiecessar | y, iist auui | lionai |
| | If this adjustment does not apply, enter 0 b | pelow. | ¢ | | | | | |
| | - | | \$ | | | | | |
| | | | _ | | _ | | | |
| | | | _ ' " _ | | _ | | | |
| | Total | | \$ | 0.0 | 00 0 | Copy here=> | | 0.00 |
| 4. Y o | our current monthly income. Subtract line | 13 from line 12. | | | | | \$ | 5,614.00 |
| 5. C a | alculate your current monthly income for | the year. Follow these step | os: | | | | | |
| 15 | ia. Copy line 14 here=> | · | | | | | Ф | 5,614.00 |

| Debtor 1 | Richard Mark Hoagland | Case number (if known) | 20-13699 | |
|----------|---|------------------------|----------|-----------|
| | Multiply line 15a by 12 (the number of months in a year). | | <u>x</u> | 12 |
| 15 | o. The result is your current monthly income for the year for this part | of the form. | \$_ | 67,368.00 |

Document Page 4 of 4

| Debto | or 1 | Rich | ard Mark Hoagland | | Case number (if known) | 20-13699 | |
|-------|---------------|---------|--|--|-------------------------------------|-------------------|---------------------|
| | | | | | | | |
| 16 | Cald | ulate | the median family income that applies to | ou. Follow these ste | os: | | |
| | 16a | Fill in | the state in which you live. | PA | | | |
| | 16h | Fill in | the number of people in your household. | 4 | | | |
| | | | the median family income for your state and | | | | ¢ 103,316.00 |
| | | To fir | nd a list of applicable median income amounts | s, go online using the | | | φ |
| 17. | . Hov | | uctions for this form. This list may also be avaing lines compare? | lable at the bankrupto | cy clerk's office. | | |
| | 17a. | | Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| | 17b. | | - ',,,, | of page 1 of this form, ulation of Your Dispo | , check box 2, Disposable incor | me is determine | d under 11 U.S.C. § |
| Part | i 3: | Ca | culate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. | Сор | y you | r total average monthly income from line 1 | 1. | | \$ | 5,614.00 |
| 19. | cont | end th | ne marital adjustment if it applies. If you are not calculating the commitment period under 1 ncome, copy the amount from line 13. | | | our | |
| | • | | marital adjustment does not apply, fill in 0 on | line 19a. | | -\$_ | 0.00 |
| | | | | | | | |
| | 19b. | Subt | ract line 19a from line 18. | | | \$ | 5,614.00 |
| | | | | | | | |
| 20. | Cald | ulate | your current monthly income for the year. | Follow these steps: | | | 5 044 00 |
| | 20a | Сору | line 19b | | | | \$5,614.00 |
| | | Multi | ply by 12 (the number of months in a year). | | | Г | x 12 |
| | 20b. | The | result is your current monthly income for the y | ear for this part of the | form | | \$67,368.00 |
| | | | | | | | |
| | 20c. | Сору | the median family income for your state and | size of household from | m line 16c | | \$ 103,316.00 |
| | | | | | | Ĺ | |
| | 21. | How | do the lines compare? | | | | |
| | | | Line 20b is less than line 20c. Unless otherwi period is 3 years. Go to Part 4. | se ordered by the cou | irt, on the top of page 1 of this f | orm, check box | 3, The commitment |
| | | | Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4. | lless otherwise ordere | ed by the court, on the top of pa | ge 1 of this forn | n, check box 4, The |
| Part | 4: | Sig | n Below | | | | |
| | By s | igning | here, under penalty of perjury I declare that t | he information on this | statement and in any attachme | ents is true and | correct. |
| X | (<u>/</u> s/ | Rich | ard Mark Hoagland | | | | |
| | | | I Mark Hoagland e of Debtor 1 | | | | |
| | • | | tober 29, 2020 | | | | |
| | | MM | /DD /YYYY | | | | |
| | - | | cked 17a, do NOT fill out or file Form 122C-2. | | f that form apply your average | anthly income | irom line 14 above |